FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Senora B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 856609

(3)

1. Corporation Name	` '		
PHOENIX FOUNDERS, INC			
Principal Place of Business	Mailing Address		
1 AMERICAN ROW HARTFORD CT 06105	1 AMERICAN ROW HARTFORD CT 06105		

HARIFURD C	1 06105	HARIFORD CT USIUS					
					3. Date Incorporated or Qualified	3a. Date of Last Report	
					06/01/1983	06/16/1995	
2. Principal Place 21 38 //	ge of Business	2a. Mailing Address 26 38 Prosfer	cT 51	nee/	4. F£I Number 06-0860167	Applied For Not Applica	
Suite. Apt. #		Suite, Apt. #, etc.	, ,,,			\$8.75 Additions	
	OUZ	27 1 ST FLOUR			5. Certificate of Status Desired	Fee Required	
City, & State	- · · -	City & State			6. Election Campaign Financing	55.00 May Be	
23 MART	FORD CT	28 HART 1-0121	c7		Trust Fund Contribution	Added to Fees	
ر Zip معرب م	Country	Zip	Country	SA	8. This corporation has liability for i		
24 06115	25 USA 9. Name and Address of Current	29 06//S	30	<i>3/</i> /	Florida Statutes Yes 10. Name and Address of New R	□ No	
	9. Name and Address of Current	negistered Agent	81	Name	10. Name and Address of New A	egistered Agent	
I NITTO	AT 1 TEA AARDAR 1 TIALI AALIA	AJA/					
UNITED STATES CORPORATION COMPANY			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	ys street		83				
SUITE 105 TALLAHASSEE FL 32301							
IALUARIA	(33CE FL 32301		84	City		FL 85 Zip Code	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-	L	ration submits this statement for the pur		
or registere	d agent, or both, in the State of Florid	 Such change was authorized 	d by the corp	oration's boa	ard of directors. Thereby accept the appo	bintment as registered agent. I an	
	i, and accept the conganions of Section	in contiduos, norda statutes.					
SIGNATURE _	lignature, typed or printed name of registered agent a		Registered Age	nt signature require	ം. when r∋പടtah എ`	DATE.	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TIFLE	Р	☐ DECETE	1 1 TITLE			☐ Change ☐ Addition	
NAMé	SCOTT, NOBLE C.		1.2 NAME				
STREET ADDRESS	291 PROSPECT ST		13 STREE	ADDRESS			
CHY-ST-ZIP	WAST LONGMEAFOW MA	FT DELEXE	14 CITY - 5	ST - ZIP			
TITLE	VP.	DELETE	2 1 THILE			Change Additi	
NAME	RUBIN, BARBARA		2.2 NAME				
STREET ADDRESS	18 WILLOW GREEN WAY		23STREE				
CHY-S1-ZIP	GLASTONBURY CT	□ DELETE	2.4 CITY-3 3.1 TITLE	ST-ZIP		☐ Change ☐ Additi	
TITLE	ASVP		3.2 NAME			Change Flooring	
NAME STREFT ADDRESS	FLEMING, II., LAURENCE P 39 CART ROAD			T ADDRESS			
CITY-ST-ZIP	GLASTONBURY CT		34 CITY-				
TITLE	VP	DELETE	4. 1 TITLE	31.21		Change	
NAME	CARTER, JAMES S.	<u>_</u>	4.2 NAME				
STREET ADORESS	1081-1/2 FARMINGTON AVE		4.3 S1Rét	ADDRESS			
CITY-ST-ZIP	WEST HARTFORD CT		4.4 CILY -	!			
DILE	VP	DECETE	5 1 1111.6	-		☐ Change ☐ Additi	
NAME	BLOMQUIST, STEVEN R.		5.2 NAME				
STREET ADDRESS	24 ALICE LANE		5.3 STREE	I ADDRESS			
CITY - ST - ZIP	HERBRON CT		5.4 CiTY -	ST ZIP			
TITLE	VPAT	☐ DELETE	6 1 TITLE			☐ Change ☐ Additi	
NAME	DENYER DOLIGIAS G		6.2 NAME	l			

City-st-zip

S. WINDSOR CT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

129 COUNTRY VIEW DRIVE

SIGNATURE AND PER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/96

(860) 403-7732

CR2E034 (12/95)